

Transforming Compassion: Examining the Development of Compassion in Nursing Who Become Patients

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Abstract: The purpose of the study was to examine how nurses develop greater compassion in their professional practice, and examine the role of empathy in this process. Nurses report that empathy is an essential component of developing compassion. Experiences, compassionate role modeling, and self-reflection also contribute to the development of compassion.

Purpose

This paper presents a research study that examined the development of compassion in nurses who become patients. The impetus for examining compassion in nurse-patients stems from a personal experience in which the researcher became a patient, and later identified a change in the understanding of compassion. This observation became an interest in gaining a better understanding of compassion from an adult learning theory perspective.

A literature review included empirical research and examination of the concept of compassion. In this study, compassion was defined as: a person who becomes aware of another's suffering, experiences a sense of shared suffering, and is compelled to act and help alleviate that suffering (Goetz, Keltner, & Simon-Thomas, 2010). Compassion is often compared to empathy which is defined as the ability to perceive, understand, and experience the emotions of others, but does not in and of itself involve action (Eisenberg, 2000).

The literature review focused on research addressing both nurses-as-patients, and compassion. Research addressing nurses-as-patients largely addressed the lived experience of being a nurse-patient (Cotter, 1990; DeMarco, Picard, & Agretelis, 2004; Picard, Agretelis, & DeMarco, 2004; Tordes, Fulbrook, & Albarran, 2000). The findings of the studies showed that nurses reported a change in compassion and that the experience demonstrated the importance of compassion (Cotter, 1990; DeMarco, Picard, & Agretelis, 2004; Picard, Agretelis, & DeMarco, 2004; Tordes, Fulbrook, Albarran, 2000). However, none of these studies examined these experiences from an adult learning perspective. Research addressing compassion examined two main areas: the attributes that comprise compassion (Attree, 2001; Graber & Mitcham, 2004; Perry, 2009; Skaff, Toumey, Rapp, & Fahringer, 2003; van der Cingel, 2011; Walker, 2009), and the health benefits of compassion (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Steffen & Masters, 2005).

Research does not address how nurses learn compassion; it was decided to examine this concept in greater detail. The purpose of the study was to examine how nurses who become patients develop greater compassion toward patients in their professional practice, and examine the role of empathy in the process of learning compassion. By examining the experiences of nurses who develop greater compassion, nurse educators can improve their understanding of how compassion develops; and more effectively help nurses develop this quality in patient care.

This study also provided the opportunity to explore the relationship between transformative learning theory and the role of empathy. Recently scholars have begun to consider

the strength of the theory, and make suggestions for advancing our understanding of it. Some suggest that emotions are an important aspect of a transformative learning process (Foronda, 2010; Rush, 2008; Stevens-Long, Schapiro, & McClintock, 2012). Also, some suggest that empathy is an important aspect of reflective discourse, saying that empathy is a necessary component to recognizing another person's emotions and point of view (Mezirow, 1991); thus raising several questions. One question asks if empathy is a potential outcome of a perspective transformation (Taylor & Cranton, 2013).

Theoretical Perspective

Transformative learning was the theoretical framework used to guide the study because nurses who become patients express that the patient experience is significant and life changing. Nurses-as-patients express that they have developed a different understanding of what patients experience and a change in their understanding of what compassion means (Cotter, 1990; Picard, Agretelis, & DeMarco, 2004). Transformative learning theory suggests that significant life experiences impact adults in a way that significantly changes their perspective and way of understanding and making meaning of life events (Kegan, 1994; Mezirow, 1991).

In particular, the developmental perspective of transformative learning was used in examining the transformation of compassion in nurses. A developmental perspective of transformative learning acknowledges that as people develop they change how they make meaning of experiences (Eriksen, 2006; Kegan, 1994; Stevens-Long, Schapiro & McClintock, 2012). This perspective believes that as people continue to develop in adulthood, they develop a broader and more complex understanding of life experiences (Daloz, 2003; Daloz, 1983; Kegan, 2000; Kegan, 1980). Utilizing a developmental perspective of transformative learning is appropriate for examining compassion in nurses because the patient experience can contribute to the development of a broader and more complex understanding of compassion.

Research Design

The research design was a qualitative narrative inquiry. A qualitative research design was appropriate because an in-depth understanding of the nurses' experiences and perceptions was desired. The purpose of gathering detailed data was to reveal how nurses specifically identify changes in their perception of compassion. The use of narrative inquiry was chosen because nurses discuss their patient experience in narrative form, and the development of compassion is part of the nurses' overarching professional and personal life narrative (Clandinin & Connelly, 2000). Research questions included: 1.) What is the relationship between compassion and the practice of nurses who become patients? 2.) How do nurse-patients perceive compassion in their practice as a result of the patient experience? 3.) How do emotions and empathy influence the nurse-patient's experiences, and therefore compassion in professional practice?

A total of 12 nurses participated in the study. Participants were selected based on four criteria: self-disclosing as having a significant patient experience after becoming an RN, self-disclosing that compassion in professional practice changed as a result of the patient experience, nurses had direct patient interaction as part of their job after the patient experience, and nurses have at least five years of experience.

Methods of data collection included two individual interviews with each participant, and field notes. Interviews were conducted 1:1 in private settings, and were a combination of both open ended and conversational structure. Field notes were a combination of written notes and digital recordings immediately following interviews, and during the analysis process.

The data were analyzed using two methods: individual narrative analysis, and inductive thematic analysis. Individual nurses' narratives were analyzed using a critical events approach which attempts to identify key experiences, or critical events that impact the person's narrative (Webster & Mertova, 2007). During the inductive thematic analysis common themes among all of the participants were examined. Coding involved reading and re-reading transcribed interviews, looking for common words, phrases or concepts emphasized by the participants.

Findings

Multiple themes surrounding the perception of compassion emerged. Findings discussed in this section include: Moving compassion from the background to foreground of practice, the role of empathy in compassion, and factors that influence the development of compassion.

Moving Compassion from the Background to the Foreground of Practice

Findings suggest that before the patient experience, compassion was in the background of nurses' practice. However, after the patient experience, nurses discussed compassion as being in the foreground of practice; as evidenced by changes in their perspective of the importance of compassion and behavior changes in practice. Several participants commented that before the patient experience they thought compassion was important, but often focused on the "tasks" associated with nursing care; but through the patient experience, compassion moved to the foreground in providing care. One example of the change from background to foreground was described by Shaneequa:

I would say before my patient experience I would look at compassion as making the attempt for comfort. I think I equated compassion more with comfort. Is the patient comfortable? How is their pain? Can I move you in the bed? How are the lights? ... I think I've evolved in that compassion is *understanding*. Understanding where they are and where they want to be. Not what my agenda is, not what I think they should be doing, but where they are in their health, or wants, or needs. So I think my compassion has gone from being superficial, to a more in-depth look at compassion. It's not just the presence of being there, it's the presence of *fully* being there mentally *and* physically.

Addressing comfort is important, but can be done with the attitude of completing a "task" rather than providing truly personal care.

Another component of moving compassion to the foreground of practice was expressed in behavior changes. All of the nurses discussed ways in which their behavior changed as a result of the change in compassion. Nurses discussed that they now: relate to patients in a more personal way, take more time being with patients, advocate for patients more, improve communication with patients, and include family members in overall patient care. During interviews, the participants quickly identified these behaviors as part of a more in-depth understanding of compassion, and how to carry it out in practice.

The Role of Empathy in Compassion

Every participant described empathizing with patients as an active way to understand another person, and is essential for carrying out compassion in professional practice. Empathy was largely described as "putting myself in their shoes," "putting yourself in their shoes," "understanding what they're feeling," or "understanding what they are going through." The nurses said that they are more likely to imagine themselves in a patient's position after the patient experience than they did before. For example Teresa said that before her experience she did not necessarily think about things from a patient's perspective, but now things are different

and said, “*Now* I try to see them as me. When you’re in nursing school you’re taught to imagine they’re your grandmother, your mom, or your dad. I try to see them as *me*.”

The overall message the nurses tried to convey is that when they put themselves in another person’s shoes they are trying to personally understand a situation from the patient’s perspective. For instance, Natalie made a comment that essentially summarized what the group verbalized. She said that putting yourself in another person’s shoes involves, “Thinking of how it must feel, imagining the thoughts, the emotions and all those responses that go with it. Trying to imagine what it is like to be that other person.” This shows that she actively makes a personal connection with patients and their situations in order to understand them.

Participants said that empathy is *necessary* in order to understand the needs of the person, and give better, more compassionate care. For example, Natalie said that putting herself in another person’s shoes helps her to be more compassionate. She said,

If I put myself in their place and try to think and feel and understand where they are coming from, I think it allows me to be more caring and compassionate; and helps because I can anticipate the things that they are going through. So I think that makes it easier to identify ways to comfort.

In other words, by understanding what a person is going through, a nurse is able to understand how he/she can help patients and carry out compassion toward them. One of Dancer’s comments also reflects the participants’ sentiments regarding the necessity of empathy in compassion. She said, “I don’t know how you could be compassionate and not empathetic. So I think they go hand in hand. Because you have to *feel* to be compassionate.”

Factors that Influence the Development of Compassion

Findings also suggest that experiences, compassionate role modeling, and self-reflection contribute to the development of compassion in professional practice. All of the nurses mentioned one or more of these factors in relation to the development of compassion in their practice.

All of the nurses spoke about the importance of experience in the development of compassion. Participants considered many different types of experiences as being part of the developmental process, not just the patient experience. Shaneequa succinctly described the influence of experience. She said, “I think your compassion grows with your practice. I think compassion is a learned behavior through multiple encounters both positive and negative. I don’t think it’s something you can learn overnight and I think it grows with experience.”

Several participants strongly emphasized the importance of role-modeling in relation to developing compassion in professional practice. They pointed to the importance of exposing young nurses to compassionate role-models, and espousing a culture of compassion. Hoku expressed the thoughts of the group when she said, “How do you teach someone to be nice? You *role-model* it!”

Some participants discussed self-reflection as being part of the development of compassion. Most participants reflected on their patient experience, compared it with their professional practice, and changed as a result. Sara’s comment reflects the impact of reflecting on the patient experience. She said, “I thought about being a patient, and how that affected me, and I still to this day have conversations every day about when I was a patient. ... You know it’s continuing to change in the way I do things.”

Discussion

Findings relating to the role of empathy in transformative learning theory suggest that empathy is a necessary component in the transformation and expression of compassion. Every participant discussed using empathy as a means to understand patients and express compassion in a more meaningful way, and that using empathy was essential for a more personalized expression of compassion. This suggests that empathy may be a necessary component in the transformation of compassion.

There is also an indication that empathy is on-going in the transformation of compassion. Participants commented that they continually attempt to understand the thoughts and emotions of patients in their practice after the patient experience. The nurses made comments such as “I put myself in their shoes,” or “try to understand” when discussing current interactions with patients. Continually incorporating empathy when interacting with patients, suggests that empathy is on-going in the transformation of compassion.

The findings in this study reveal that empathy is an important component to compassion in practice. The nurses stated that in order to be compassionate, one must first be able to empathize with a person. Because of the nurses’ statements, this study cannot strongly suggest that empathy is a result of a transformative learning experience as some have asked (Tayler & Cranton, 2013). Rather, empathy served as a necessary component in the transformation of compassion.

Implications for practice of nurse educators surround the factors that influence the development of compassion: experiences, role modeling, and self-reflection. Educators can design learning activities that promote the development of compassion through experiential learning activities. These may include purposeful simulation and clinical experiences. Self-reflective learning activities may include written reflection and meaningful dialogue after an experiential learning activity. Nurse educators can promote compassionate role modeling by openly acknowledging the importance of compassion and drawing showcasing compassionate role models.

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